PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/593,402

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
	NATIONAL C	TACE EEE0	(Column	1)	(C	olumn 2)	Г	RATE	FEE		RATE	FEE	
	NATIONAL S	TAGE FEES					L		1 22	0.0			
BASI	C FEE		SMALL ENT.		LARGE ENT. = \$ 300 All other situations =		BA	ASIC FEE		OR	BASIC FEE	300	
EXA	MINATION FEE		Satisfies PCT Art (4) = \$50 /	\$ 100	\$ 100 / \$ 200		ΕX	(AM. FEE			EXAM. FEE	300	
SEAF	RCH FEE		U.S. is ISA = \$! ALL other cour \$ 200 / \$ 4	ntries =		er situations = 250 / \$ 500	SE	ARCH FEE			SEARCH FEE	400	
FEE	FOR EXTRA SI	PEC. PGS.	minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =		
тоти	AL CHARGEAB	LE CLAIM	9 minus 20 = *		*			X \$ 25 =		OR	X \$ 50 =		
INDE	PENDENT CLA	AIMS	2) minus 3 = .		*			X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEND	ENT CLAIM PRE	SENT			[7]		+ \$ 180 =		OR	+ \$ 360 =	360	
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	1260	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Г	+ \$ 180 =		OR	+ \$ 360 =		
 	<u> </u>						7	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
			 				7	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													